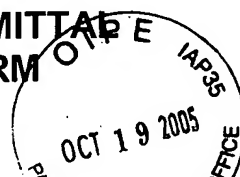


# TRANSMITTAL FORM



(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/535,762
Filing Date	July 22, 2005
First Named Inventor	Karin SCHUTZE
Art Unit	2856
Examiner Name	Unknown
Attorney Docket Number	59623.00009

## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Return Postcard<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> Amendment After Final<br><input type="checkbox"/> Declaration of Inventor(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Request for Continued Examination<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> PTO SB/08a<br><input type="checkbox"/> PTO SB/08b<br><input type="checkbox"/> Issue Fee Transmittal (PTO-85b)<br><input type="checkbox"/> New Power of Attorney, Revocation of Previous Powers, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> Power of Attorney<br><input type="checkbox"/> Affidavit | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Status Request<br><input checked="" type="checkbox"/> The Director is authorized to charge any required fees or credit any overpayment to Deposit Acct. No. 05-0150. A duplicate of this sheet is enclosed for this purpose.<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Notification of Error in Payment of Fee as a Small Entity |
| <div style="border: 1px solid black; padding: 2px;">Remarks</div>   |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

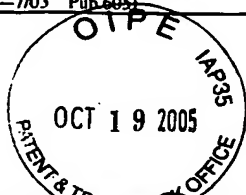
Firm	Squire, Sanders & Dempsey L.L.P. 600 Hansen Way, Palo Alto, CA 94304-1043		
Signature			
Printed Name	Aaron Winger		
Date	October 17, 2005	Reg. No.	45,229

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Ines Francetic	Date	October 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Practitioner's Docket No. 59623.00009

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**☒ In re application of: Karin SCHUTZE et al.

Application No.: 10/535,762

Group No. 2856

Filed: July 22, 2005

Examiner: unknown

For: SAMPLE HOLDER FOR A RECEPTION DEVICE RECEIVING BIOLOGICAL OBJECTS  
AND MICROSCOPE SYSTEM, DESIGNED TO OPERATE USING ONE SUCH SAMPLE  
HOLDER☐ Patent No.\*:

Issued:

\*NOTE: Insert name of inventor(s) and title also for patent where notification is with respect to a maintenance fee payment, also insert application number and filing date, and add Box M. Fee to address.

Commissioner for Patents

P.O. Box 1450, Alexandria, VA 22313-1450

**NOTIFICATION OF ERROR IN PAYMENT OF FEE(S) AS A SMALL ENTITY**  
**(37 C.F.R. § 1.28(c))**

NOTE: 37 C.F.R. § 1.28(c): "(c) How errors in small entity status are excused. If status as a small entity is established in good faith, and fees as a small entity are paid in good faith, in any application or patent, and it is later discovered that such status as a small entity was established in error, or that through error the Office was not notified of a loss of entitlement to small entity status as required by § 1.27(g)(2), the error will be excused upon: compliance with the separate submission and itemization requirements of paragraphs (c)(1) and (c)(2) of this section, and the deficiency payment requirement of paragraph (c)(2) of this section."

NOTE: 37 C.F.R. § 1.28(c)(1): "Separate submission required for each application or patent. Any paper submitted under this paragraph must be limited to the deficiency payment (all fees paid in error), required by paragraph (c)(2) of this section, for one application or one patent. Where more than one application or patent is involved, separate submissions of deficiency payments (e.g., checks) and itemizations are required for each application or patent. See § 1.4(b)."

**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**☒ deposited with the United States Postal Service in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10 \*

☐ with sufficient postage as first class mail.☐ as "Express Mail Post Office to Addressee"

Mailing Label No. \_\_\_\_\_ (mandatory)

**TRANSMISSION**☐ facsimile transmitted to the Patent and Trademark Office, (703) \_\_\_\_\_

Date: October 17, 2005

Signature

Ines Francetic

(type or print name of person certifying)

\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

### Erroneous Filing of Small Entity Statement

1. On May 19, 2005, a small entity assertion was erroneously filed in this  
☒ application  
☐ patent
2. This assertion of small entity status in this application and the payment of fee(s) as a small entity was/were made in good faith.
3. It has now been discovered that such status as a small entity was established in error.

### Itemization of the Fee(s) Erroneously Paid as Small Entity

NOTE: 37 C.F.R. § 1.28(c)(2): "Payment of deficiency owed. The deficiency owed, resulting from the previous erroneous payment of small entity fees, must be paid.

(i) Calculation of the deficiency owed. The deficiency owed for each previous fee erroneously paid as a small entity is the difference between the current fee amount (for other than a small entity) on the date the deficiency is paid in full and the amount of the previous erroneous (small entity) fee payment. The total deficiency payment owed is the sum of the individual deficiency owed amounts for each fee amount previously erroneously paid as a small entity. Where a fee paid in error as a small entity was subject to a fee decrease between the time the fee was paid in error and the time the deficiency is paid in full, the deficiency owed is equal to the amount (previously) paid in error;

(ii) Itemization of the deficiency payment. An itemization of the total deficiency payment is required. The itemization must include the following information:

(A) Each particular type of fee that was erroneously paid as a small entity, (e.g., basic statutory filing fee, two-month extension of time fee) along with the current fee amount for a non-small entity;

(B) The small entity fee actually paid, and when. This will permit the Office to differentiate, for example, between two one-month extension of time fees erroneously paid as a small entity but on different dates;

(C) The deficiency owed amount (for each fee erroneously paid); and

(D) The total deficiency payment owed, which is the sum or total of the individual deficiency owed amounts set forth in paragraph (c)(2)(ii)(C) of this section."

NOTE: 37 C.F.R. § 1.28(c)(3): "Failure to comply with requirements. If the requirements of paragraphs (c)(1) and (c)(2) of this section are not complied with, such failure will either: be treated as an authorization for the Office to process the deficiency payment and charge the processing fee set forth in § 1.17(i), or result in a requirement for compliance within a one-month non-extendable time period under § 1.136(a) to avoid the return of the fee deficiency paper, at the option of the Office."

(Notification of Error in Payment of Fee(s) as a Small Entity [7-6]—page 2 of 4)

4.

(complete the following applicable item(s))

<u>FEE(S) ERRONEOUSLY PAID AS A SMALL ENTITY</u>	<u>FEE ACTUALLY PAID AS A SMALL ENTITY</u>	<u>DEFICIENCY OWED*</u>
<input checked="" type="checkbox"/> Filing fee paid on <u>May 19, 2005</u>	\$ <u>500</u>	\$ <u>500</u>
<input type="checkbox"/> Fee for excess claims (over 20) paid on _____	\$ _____	\$ _____
<input type="checkbox"/> Fee for multiple claims paid on _____	\$ _____	\$ _____
<input type="checkbox"/> Extension of time fee paid on _____	\$ _____	\$ _____
<input type="checkbox"/> The issue fee paid on _____	\$ _____	\$ _____
<input type="checkbox"/> _____ maintenance fee (First, second or third) paid on _____	\$ _____	\$ _____
<input type="checkbox"/> Other:		

**WARNING:** "The deficiency owed for each previous fee erroneously paid as a small entity is the difference between the current fee amount (for other than a small entity) on the date the deficiency is paid in full and the amount of the previous erroneous (small entity) fee payment. The total deficiency payment owed is the sum of the individual deficiency owed amounts for each fee amount previously erroneously paid as a small entity. Where a fee paid in error as a small entity was subject to a fee decrease between the time the fee was paid in error and the time the deficiency is paid in full, the deficiency owed is equal to the amount (previously) paid in error. . . ." 37 C.F.R. § 1.28(c)(2)(i).

**NOTE:** 37 C.F.R. § 1.28(b)(2): "The date when a deficiency payment is paid in full determines the amount of deficiency that is due pursuant to paragraph (c) of this section."

Total deficiency owed \$ 500

**NOTE:** 37 C.F.R. 1.28(d): "Payment of deficiency operates as notification of loss of status. Any deficiency payment (based on a previous erroneous payment of a small entity fee) submitted under paragraph (c) of this section will be treated under § 1.27(g)(2) as a notification of a loss of entitlement to small entity status."

### Payment of Deficiency

5. The total deficiency owed is paid as follows:

- ☐ Attached is a ☐ check ☐ money order in the amount of \$ \_\_\_\_\_
- ☒ Authorization is hereby made to charge the amount of \$ 500
- ☒ to Deposit Account No. 05-0150
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

**WARNING:** Credit card information should *not* be included on this form as it may become public.

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

Reg. No.: 45,229

Tel. No.: (650 ) 856-6500

Customer No.: 30256

  
SIGNATURE OF PRACTITIONER

Aaron Winger  
(type or print name of practitioner)

600 Hansen Way  
P.O. Address

Palo Alto, CA 94304-1043

(Notification of Error in Payment of Fee(s) as a Small Entity [7-6]—page 4 of 4)